

is not so virulent, there is no transfer to another hospital, and, finally, the after-nursing should be more effectively done. He concludes that no joint injury should be evacuated within ten days after the operation. The joint should be completely closed at the operation. No splint should be used except in those cases where fragments will be displaced. The Willems after-treatment of immediate, continuous, active movements should be unceasingly kept up day and night both in the aseptic and septic cases. In each hospital there should be a day and a night nurse who should be conversant with the method and whose only function it should be to carry out the active motions.

**Fracture of the Acetabulum with Intrapelvic Displacement of the Femoral Head.**—PEET (*Annals of Surgery*, 1919, lxx, 296) says that this fracture with central dislocation of the femoral head has a high mortality and is fortunately rare. Depression of the trochanter and rectal palpation of the femoral head are important diagnostic signs, but every case should be roentgen-rayed. Complications are frequent, severe in nature and demand immediate recognition and treatment. The successful repair of the fracture dislocation depends much on its early diagnosis. Reduction by manipulation is recommended. Open operation is necessary only in the exceptional case or for the treatment of complications. Resection of the femoral head is unnecessary. Manipulation under general narcosis, when the dislocation is unreducible, has yielded excellent results in freedom of motion and capacity to use the leg.

## THERAPEUTICS

UNDER THE CHARGE OF

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**The Treatment of Serofibrinous Pleurisy by Artificial Pneumothorax.**  
WEIL (*Traitement des pleurésies sérofibrineuses par la pneumoséreuse thérapeutique* (*Bull. de l'acad. de Méd.*, 1919, lxxxi, 846) recommends injection of air into the pleural cavity after every puncture for serofibrinous pleurisy. The main benefit is that of preventing subsequent adhesions and the secondary difficulties that may develop. Of 86 cases of serofibrinous pleurisy subjected to puncture alone, 72, or 84 per cent., showed marked secondary trouble a few months or weeks later. Of 50 cases, on the other hand, in which puncture was followed by air injection 41, or 82 per cent., recovered without adhesions. In the 9 cases that did show pleural adhesions, the affection was of long standing before treatment was instituted. Seventeen cases out of the 50 treated with

injection of air recovered completely in from two to three months after a single injection. Fever and the other signs of infection rapidly disappeared, and most of the patients gained from 10 to 15 pounds in weight. A few recovered in less than a month. Thirty-three cases required more than one injection, but recovery, though more delayed, was as complete as in the cases requiring but a single injection. In cases where there is a rapidly recurring effusion, recovery is much delayed but this is possible after prolonged treatment. One such patient recovered in a year, having received in that time ten injections. One great advantage of the injection of air is that when pulmonary tuberculosis is the underlying cause of the pleural effusion, the effect of the induced pneumothorax is an arrest of the tuberculous process. It is most important to control such treatment by the roentgen ray and Weil's work was carefully controlled by radioscopy.

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**The Use of Benzyl Benzoate in Dysmenorrhea.**—LITZENBERG (*Jour. Am. Med. Assn.*, 1919, lxxiii, 601) writes concerning the effect of benzyl benzoate in dysmenorrhea and reports inconclusive results regarding its value. He tried it in a series of 43 cases, in which 81.3 per cent. were relieved. Pain was absolutely eliminated in 62.7 per cent.; greatly relieved in 18.5 per cent.; slightly benefited in 4.6 per cent. These results, while not conclusive, warrant a more thorough test of the value of benzyl benzoate in dysmenorrhea. Benzyl benzoate is irritant when administered by mouth and should be given in capsules, well diluted with water, or as a 20 per cent. emulsion with acacia (this last preparation was found to be the most satisfactory). The dosage recommended by Macht proved insufficient, so Litzenberg finally increased the dose to 2 drams every two hours. No bad effects were observed, unless an occasional case of vomiting and rarely a feeling of weakness might be attributed to the drug.

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**A Therapeutic Study, Pharmacologic and Clinical, of Benzyl Benzoate.**—MACHT (*Jour. Am. Med. Assn.*, 1919, lxxiii, 599) describes a number of clinical conditions that have been treated with benefit by benzyl benzoate. They may be summarized as follows: (1) Excessive peristalsis of the intestine, such as diarrhea and dysentery. Here, truly remarkable results were obtained; diarrheas of long standing were quickly checked and even dysentery was benefited by it. (2) Intestinal colic and enterospasm. (3) Pylorospasm, whether functional or reflexly produced by ulcers, etc. (4) Spastic constipation, in which there was a tonic spastic condition of the intestine. (5) Biliary colic. (6) Ureteral or renal colic. (7) Vesical spasm of the urinary bladder. (8) Spasmodic pains originating from the contractions of the seminal vesicles. (9) Uterine colic. (10) Arterial spasm, including a large number of cases of hypertension. The lowering of blood-pressure produced by benzyl benzoate was more lasting than that produced by administration of the nitrites. (11) Bronchial spasm. Wherever there were signs of bronchial constriction or spasm, benzyl therapy produced relief in almost every case. The theory of the action of benzyl benzoate is its relaxing effect upon spasms of smooth muscle tissue. The remedy was administered by mouth in doses of 25 minims of a 20 per cent. alcoholic solution—equivalent to 5 grains of the drug.